

City of Rhinelander Police Department Employee Conduct Form

Complainant and Contact In	formation			
NAME				
ADDRESS				
CITY		STATE	ZIP CODE	
HOME PHONE	WORK PHONE		CELL PHONE	
DATE OF BIRTH	WORK HOURS			
STATEMENT GIVER IS: (Select One)				
□ Aggrieved Party		Witness to Incident	□ Other (Explain)	
PFICER(S) NAME AND/OR NUMBER PD CASE NUMBER (IF AVAILABLE) ATE AND APPROXIMATE TIME OF INCIDE	NT			
OCATION				
/ITNESSES (Include Name, Address, Phone	Number)			
/ITNESSES (Include Name, Address, Phone	Number)			
_	Please attach additio	onal sheets as necessar	ту	
Please Read Carefully Befor	e Signing			
Choose one statement regarding co	nfidentiality:			
I do not request conI request my name l	fidentiality in regard to this	matter.		

- □ I request my name, address and phone number be kept confidential.
- □ I will not provide any information regarding this matter unless I am pledged confidentiality as indicated above.

IA USE ONLY						
DATE	EMPLOYEE	CR#	INTAKE NAME			

ALLEGATION(S):					
and do solemnly swear / affirm that the information and nothing but the truth. I acknowledge receipt concerning complaints of wrongdoing by a member of harassment, embarrassment, preferential to may result in a civil counter claim and/or critical department is required by State law to information to the statute 946.66 (2) False Complaints of Police false complaint regarding the conduct of a law forfeiture."	on contained of a copy of er or employed, firm or contained, mandal charged orm you that the Misconduction of the conduction of the conduc	herein is the Police e of the rporation onetary es again t accord t, "Who	s the tru ce Depa Police D on, solel gain or est the co ding to pever kn	th, the winterment's For the malicion Wisconnowingly	Procedure ont. ont. ont. ont. ont. ont. ont. ont.
Dated this day of		_, 20	_ at		_am – pm
STATE OF WISCONSIN) COUNTY OF ONEIDA) ss.					
Subscribed and sworn to before me this	_ day of				, 20
Notary Public				(seal)	
My Commission Expires				(0 0 4 1)	